

WAIVER OF FEES APPLICATION

Please print in BLOCK LETTERS:

Last Name: _____ Mailing Address: _____ Apt # _____ City or Town/Province: _____ Postal Code: _____ Telephones: Home: _____ Work _____ Msg _____	Given Names: _____ Date of Birth: _____ (mm/dd/yr) Age: _____
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<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Unable to work <input type="checkbox"/> Student/Training	<input type="checkbox"/> Not married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
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I APPLY TO HAVE THE FOLLOWING COURT FILING FEES WAIVED:

HUSBAND OR WIFE (INCLUDING COMMON LAW) Name: _____ Address: _____ Phone: _____	DEPENDENTS (SPOUSE, CHILD, OTHER PERSON SUPPORTED BY APPLICANT): Total _____ Living with Applicant _____ Living Apart _____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Relationship</th> <th style="text-align: left; border-bottom: 1px solid black;">Birth date (mm/dd/yr)</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td></td><td></td></tr> <tr><td>2. _____</td><td></td><td></td></tr> <tr><td>3. _____</td><td></td><td></td></tr> <tr><td>4. _____</td><td></td><td></td></tr> <tr><td>5. _____</td><td></td><td></td></tr> <tr><td>6. _____</td><td></td><td></td></tr> </tbody> </table>	Name	Relationship	Birth date (mm/dd/yr)	1. _____			2. _____			3. _____			4. _____			5. _____			6. _____		
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1. _____																						
2. _____																						
3. _____																						
4. _____																						
5. _____																						
6. _____																						
Do you receive social or Other Municipal Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No																						

Person who can verify financial information	Name: _____ Address: _____ Phone: _____
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GROSS MONTHLY INCOME

Salary (Wages + Tips)	_____
Unemployment Ins.	_____
Social Assistance	_____
Old Age Assistance	_____
Pension	_____
Spouse's Income (Including Common Law)	_____
Maintenance Received	_____
Specify Other Income	_____
_____	_____
_____	_____
_____	_____
Gross Monthly Income	_____
Less Maintenance you pay per month	_____
Monthly Income	<u> </u>

IMPORTANT:
In order to process your application to have fees waived, you must attach one of the following:

a copy of your pay stub

a copy of your benefit stub

a copy of your most recent Income Tax Return or a Notice of Assessment

a letter from a doctor, priest or other official in your community stating that there is no family income

Applicant declares:

I state that the above information is true and complete. I consent to have this information investigated for verification and will notify court administration of any change.

Signature of the Applicant

Date

Approved Denied

by _____

Date: _____